

Field Level Risk Assessment (FLRA)

FLRA#

Date & Time	Task Location	Emergency Muster Area

What hazards are present at the actual site at the actual time? Have you reviewed the appropriate safe work practices or safe job procedures? Identify conditions, job changes, or distractions that would cause you to use stop work authority.	Are you properly trained to complete the task? Is a Job Hazard Analysis required? Housekeeping is part of the task. Have there been any incidents doing this before?	What do you need to ensure this task is completed incident free? Are there any hazards remaining? When conditions change, reassess & revise the FLRA
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Sequence	Tasks	Present & Potential Hazards	Control (to reduce or eliminate risks)	Examine each task to identify hazards and risks that could lead to injury or damage.
1.				<p>Chemical Hazard</p> <p>Inhalation Skin Contact Absorption Injection Ingestion Corrosive Unknown substances</p> <p>Biological</p> <p>Bacteria Fungus Mould Viruses</p> <p>Physical</p> <p>Electrical Noise Fire or explosion Cuts Tripping Struck by Housekeeping</p> <p>Psychological</p> <p>Length of shift Threat of violence Communication challenges</p> <p>Ergonomic</p> <p>Repetition Vibration Awkward posture Weight</p>
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PPE Required
<input type="checkbox"/> Hearing protection <input type="checkbox"/> Wet-condition footwear <input type="checkbox"/> Face shield <input type="checkbox"/> Chemical goggles <input type="checkbox"/> Cut-resistant gloves <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Fall protection <input type="checkbox"/> Ice cleats <input type="checkbox"/> Hard hat <input type="checkbox"/> Safety-toed footwear <input type="checkbox"/> Safety glasses <input type="checkbox"/> Leather gloves

Assessed by: _____
 Name and position Date Name and position Date

Reviewed by: _____
 Name and position Date Name and position Date